

**AUGUSTA-RICHMOND COUNTY
ECONOMIC DEVELOPMENT
LOAN FUND APPLICATION**

REQUEST

Date: _____

Amount of Loan Request \$: _____

Term (# of years): _____

Interest Rate: _____

GENERAL INFORMATION

Name of Borrower _____
Operating Name _____
Address of Business _____
City _____ County _____ State _____ Zip _____
Phone (H) # _____ (W) # _____

BUSINESS INFORMATION

- ☐ Corporation (Attach Articles of Incorporation) Federal Tax ID # _____
☐ Partnership (Attach Partnership Agreement)
☐ Proprietorship
☐ Franchise (Attach Franchise Agreement)
☐ Manufacturing

Type of Business _____
(Example: grocery, retail, manufacturing, etc).

Date Established _____ Years in Business # _____

- ☐ New
☐ Existing

Location

- ☐ Own ☐ Lease \$ _____ (Amount per month)

PROJECT SUMMARY

Give brief narrative/description of the project below:

ECONOMIC IMPACT

- A. # Low/Moderate Income Jobs To Be Created _____
Full Time Jobs _____ # Part Time Jobs _____
Title of Position(s) _____
Rate of Pay \$ _____
- B. # Low/Moderate Income Jobs To Be Retained _____
Full Time Jobs _____ # Part Time Jobs _____
Title of Position(s) _____
Rate of Pay \$ _____

USE OF PROCEEDS

Land Acquisition	\$ _____
Land Improvements	\$ _____
Construction/Renovations Cost(s)	\$ _____
Purchase Machinery and Equipment	\$ _____
Purchase Existing Land & Building	\$ _____
Working Capital (Breakdown if over \$5,000)	\$ _____
Inventory	\$ _____
Professional Fees	\$ _____
Other _____	\$ _____
TOTAL USES OF PROCEEDS	\$ _____

SOURCES OF FUNDS

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____
TOTAL SOURCES OF FUNDS	100%	\$ _____

(EX: Owner Equity, ARCEDLF, Bank, and other Lenders)

(20% Cash injection required for start-up business)

COLLATERAL

The collateral offered to secure this loan is as follows:
(EX: Automobile, land, property, life insurance policy (Cash Surrender Value), etc.)

Automobile
Year _____ Make _____ Model _____ VIN# _____
Year _____ Make _____ Model _____ VIN# _____

Property

Value: Tax Assessor's Value \$ _____ Appraisal Value \$ _____

(Attach Copy of Deed, Appraisal, Tax Assessor's Card)

Other

_____	Value \$ _____
_____	Value \$ _____
_____	Value \$ _____

TOTAL COLLATERAL OFFERED \$ _____

GUARANTEES/LIFE INSURANCE/OTHER

Personal and Business guarantees required.

GROSS RECEIPTS

Year-to-date

Last year 19____

2-years ago

3-years ago

INDEBTEDNESS

Furnish the following information on all installment debt owed by the business or in relation to the business:

To Whom	Amount	Date	Balance	Amount	Matures	Security
---------	--------	------	---------	--------	---------	----------

TELL US ABOUT YOURSELF**YOUR SPOUSE**

Name _____

Social Security # _____

Social Security # _____

Age _____

Date of Birth _____

Age _____

Date of Birth _____

EMPLOYMENT**YOURSELF**

Current Employer _____

Address _____

City _____ State ____ Zip _____

How Long Employed? _____

Position _____

Monthly Income \$ _____

YOUR SPOUSE

Current Employer _____

Address _____

City _____ State ____ Zip _____

Telephone # () _____

How Long Employed? _____

Position _____

Monthly Income \$ _____

Do You Own Your Home? ☐ Yes ☐ No Mortgage Payment \$ _____ per monthDo You Rent? ☐ Yes ☐ No Rent Payment \$ _____ per month

Name & Address of Mortgage/Leasing Company:

PERSONAL DEBT

Furnish the following information on all debt:

To Whom	Amount	Date	Balance	Amount	Matures	Security
---------	--------	------	---------	--------	---------	----------

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

BANKING RELATIONSHIP

Name of Bank _____
Address _____ City _____ State _____ Zip _____
Type of Account _____
Name of Banker _____

Name of Bank _____
Address _____ City _____ State _____ Zip _____
Type of Account _____
Name of Banker _____

CLIENT DATA

Minority Group (Check One)

- ☐ American Indian
- ☐ Asian American
- ☐ Black/African American
- ☐ Cuban American
- ☐ Eskimo & Aleut
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Non-Minority
- ☐ Other

Marital Status (Check One)

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

Gender: ☐ Male ☐ Female # of Dependents _____

EDUCATION

Name	Address	Graduate – Y/N	Diploma – Y/N
High School _____	_____	_____	_____
Technical School _____	_____	_____	_____
College _____	_____	_____	_____
Graduate School _____	_____	_____	_____

MANAGEMENT/OWNERSHIP

List all proprietors, partners, officers, directors, and holders of stock. 100% ownership must be shown.*

Name	Social Security #	Complete Address	Ownership %
------	-------------------	------------------	-------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Percentage of ownership must total 100%.

Have any of the persons listed above ever been charged with or convicted of any criminal offenses, other than a minor traffic violation? ☐ Yes ☐ No

If yes, please explain below:

Has the applicant or any person listed above been connected with, been in receivership, or adjudicated as bankrupt? ☐ Yes ☐ No

If yes, please explain below:

Has bankruptcy been discharged? ☐ Yes ☐ No Date discharged _____

AGREEMENTS

The applicant agrees, to the maximum extent possible, to use labor of low-income persons. The applicant certifies that neither they nor members of their families hold any legal or financial interest in the Augusta-Richmond County Commission, nor does any Commission member own any legal or financial interest or influence with the applicant. The undersigned assures that it does and/or will at all times comply with Title VI of the Civil Rights Act of 1964. "Nondiscrimination in Federally Assisted Programs," (42 U.S.C. 2000d-2000d-4) and that it will not discriminate on the basis of race, color, religion, national origin, age, physical or mental handicap, sex, or marital status with respect to its day to day operations. The applicant certifies that the financing they are requesting is not available from other federal, state, or private sector programs. The applicant certifies that those facilities under its ownership, lease or supervision which will be utilized in the accomplishment of the project noted above, are not listed on the Environmental Protection Agency's (EPA) List of Violating Facilities. The undersigned will notify Augusta-Richmond County of the receipt of any communication from EPA of activity that the facility is under consideration for listing on the Violating Facilities list.

CERTIFICATION

The undersigned hereby certifies that all information contained above and in exhibits attached hereto is true and complete to the best knowledge and belief of the applicant(s) and is submitted for the purpose on inducing Augusta-Richmond County to consider his/her financial request. This applicant(s) also certifies that by providing false information may disqualify him/her/them from participation in this program. This also certifies that Augusta-Richmond County, Housing and Neighborhood Development Department staff is authorized to check the applicant's credit and employment history and to ask questions about their experiences with the applicant for the purposes of considering the financial assistance requested in this application. Whether or not the financial assistance herein applied for is approved, applicant agrees to pay for the closing cost of any survey, title or mortgage examinations, appraisals, etc., performed by non-Augusta-Richmond County personnel with consent of the applicant.

APPLICANT SHALL IMMEDIATELY NOTIFY THE AUGUSTA-RICHMOND COUNTY HOUSING AND NEIGHBORHOOD DEVELOPMENT DEPARTMENT OF ANY CHANGE(S) IN OR ADDITION TO THE INFORMATION ABOVE.

BY: _____ **Applicant**

Signature

Signature

TITLE: _____

ATTEST: _____

SEAL

TITLE: _____

CHECKLIST FOR BUSINESS PLAN/LOAN PACKAGING

I. BUSINESS BACKGROUND

- _____ Narrative on Business (Company Profile)
- _____ Resumes on owners/managers

II. THE MARKET

- _____ Target Market
- _____ Existing or Potential Customers (if applicable)
- _____ Competition

III. ADVERTISING AND PROMOTION

- _____ Media to be used (radio, television, newspapers, flyers, etc.)
- _____ Promotional Strategies (discounts, coupons, sales, etc.)

IV. FINANCIAL DATA

- _____ Current Personal Financial Statement (All principals)
- _____ Current Business Financial Statement (Previous 2 years if existing business)
- _____ 12-month Profit and Loss (Income) Statement
- _____ 12-month Cash Flow Statement
- _____ Balance Sheet (as of date of loan)
- _____ Explanation of Sales Projections
- _____ Personal and Business Income Tax Returns (past 2 years for all principals)
- _____ Credit Report (All principals)
- _____ Amortization Schedule

V. OTHER SUPPORTING DATA

- _____ Business License
- _____ Partnership Agreement, if applicable
- _____ Articles of Incorporation, if applicable
- _____ Vendor Quotes on Machinery & Equipment, Furniture & Fixtures, Renovations
- _____ Lease Agreement, if applicable
- _____ Sales Contract, (if real estate or business being purchased, if applicable)
- _____ Franchise Agreement, if applicable
- _____ Property Deed
- _____ Appraisal, Tax Assessor's Record Card
- _____ Commitment letter(s) from other lender(s), if applicable
- _____ Statement by applicant describing business ability and why applicant thinks business will succeed